MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	'						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7		5					57						
8		5					58						
9		6					59						
10		6					60						
11		6					61						
12		6					62						
13		2					63						
14		6					64						
15		4					65						
16		4					66						
17		4					67						
18	/						68						
19	/						69						
20	/						70						
21	/						71						
22	/						72						
23	/						73						
24		/					74						
25	/						75						
26	/						76						
27		2					77						
28		/					78						
29		2					79						
30		2					80						
31	/						81						
32	/						82						
33	/						83						
34	/						84						
35		/					85						
36	/						86						
37		/					87						
38	/						88						
39	/						89						
40		/					90						
41	/						91						
42		/					92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	26	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	66						TOTAL DEP.						
TOTAL CLAIMS	92						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS